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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/914682		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51		1		
2		1					52		1		
3		1					53		1		
4		1					54		1		
5		1					55		1		
6		1					56		1		
7		1					57	1			
8		1					58		1		
9		1					59		1		
10		1					60		1		
11		1					61		1		
12		1					62		1		
13		1					63		1		
14		1					64		1		
15		1					65		1		
16		1					66		1		
17		1					67		1		
18		1					68	1			
19		1					69		1		
20		1					70		1		
21		1					71		1		
22		1					72		1		
23		1					73		1		
24		1					74		1		
25		1					75		1		
26	1						76		1		
27		1					77		1		
28		1					78		1		
29		1					79		1		
30		1					80		1		
31		1					81		1		
32		1					82		1		
33		1					83		1		
34		1					84		1		
35		1					85		1		
36		1					86		1		
37		1					87		1		
38		1					88		1		
39		1					89		1		
40		1					90		1		
41		1					91		1		
42		1					92		1		
43		1					93		1		
44		1					94		1		
45	1						95		1		
46		1					96		1		
47		1					97		1		
48		1					98		1		
49		1					99		1		
50		1					100		1		
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	1						TOTAL DEP.				
TOTAL CLAIMS	6						TOTAL CLAIMS				